

02/14/02
J1132 U.S. PTO

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PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket PTZ31C1	
		First Inventor	Rosen et al.
		Title	Nucleic Acids, Proteins, and Antibodies
		Express Mail Label	

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	Box Patent Application ADDRESS TO: Commissioner for Patents Washington, DC 20231
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 394] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</p> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets]</p> <p>5. Oath or Declaration [Total Pages 5]<ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small><ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (7 pages)</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input checked="" type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paperc. <input checked="" type="checkbox"/> Statements verifying identity of above copies<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="text-align: center;">ACCOMPANYING APPLICATIONS PARTS</td></tr><tr><td style="width: 50%; vertical-align: top;">9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</td><td style="width: 50%; vertical-align: top;">10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Associate Power of Attorney <small>(when there is an assignee)</small></td></tr><tr><td>11. <input type="checkbox"/> English Translation Document (if applicable)</td><td>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</td></tr><tr><td>13. <input type="checkbox"/> Preliminary Amendment</td><td>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></td></tr><tr><td>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></td><td>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></td></tr><tr><td colspan="2">17. <input checked="" type="checkbox"/> Other: <div style="border: 1px solid black; padding: 2px;">1. Statement Under 37 C.F.R. § 1.821 2. Transmittal and Submission Under 37 C.F.R. §§ 1.824 and 1.52(e)</div></td></tr></table></p>	ACCOMPANYING APPLICATIONS PARTS		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Associate Power of Attorney <small>(when there is an assignee)</small>	11. <input type="checkbox"/> English Translation Document (if applicable)	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	13. <input type="checkbox"/> Preliminary Amendment	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small>	17. <input checked="" type="checkbox"/> Other: <div style="border: 1px solid black; padding: 2px;">1. Statement Under 37 C.F.R. § 1.821 2. Transmittal and Submission Under 37 C.F.R. §§ 1.824 and 1.52(e)</div>	
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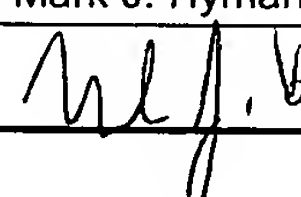
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 09/764,885

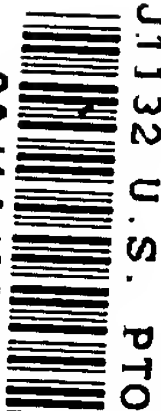
Prior application information: Examiner Clow, L. Group / Art Unit: 1631

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	22195	or	<input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Mark J. Hyman	Registration No. (Attorney/Agent)	46,789
Signature		Date	February 14, 2002

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FEE TRANSMITTAL for FY 2002		Complete if Known																																																																																																																																																																																															
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<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div><div><input checked="" type="checkbox"/> Deposit Account</div></div> <div style="margin-top: 5px;">Deposit Account Number: 08-3425</div> <div style="margin-top: 5px;">Deposit Account Name: Human Genome Sciences, Inc.</div> <div style="margin-top: 5px;">The Commissioner is hereby authorized to: (check all that apply)</div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div> <div style="margin-top: 5px;"><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</div> <div style="margin-top: 5px;"><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div>		3. ADDITIONAL FEES																																																																																																																																																																																															
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102	84	202	42	Independent claims in excess of 3																																																																																																																																																																																													
104	280	204	140	Multiple dependent claim, if not paid																																																																																																																																																																																													
109	84	209	42	** Reissue independent claims over original patent																																																																																																																																																																																													
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																													
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Name (Print/Type) Mark J. Hyman		Registration No. (Attorney/Agent) 46,789	Telephone (240) 314-1224																																																																																																																																																																																														
Signature		Date	February 14, 2002																																																																																																																																																																																														